($p < 0.001$). Significant reduction in lost payments for these patients £54,735 (£156,159) across respective periods. Inpatient mortality unchanged 11.5% (11.75%).
Conclusion: This audit shows that by targeting specific areas of practice, this can lead to significant financial gains for the treatment of this cohort of patients to help fund additional services. Achieving further improvement would necessitate further investment in services e.g. Orthogeriatric cover over Bank Holidays. To justify this, further evaluation would be needed into associated healthcare costs. Unfortunately targeting these areas alone did not show any reduction in 30 day mortality. Further evaluation is needed to assess associated morbidity and mortality in these patients to allow potential reduction.

0992: WHAT HAS BEEN THE ROLE FOR MRI SCANNING OF THE KNEE IN PRIMARY CARE?

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Aim: To assess the compliance of the existing GP radiology protocol in patients over 40.
Older patients present to the GP with symptoms of osteoarthritis, for which radiographs aid the diagnosis.
There is concern over the number of Magnetic Resonance Imaging (MRI) scan requests from Primary Care in this patient group.
The current GP radiology protocol for knee pain is antero-posterior WB, lateral and skyline radiographs. An MRI can be considered if the diagnosis is in doubt.
Methods: Between March–May 2012, 390 GP requested MRI scans were performed at Wirral University Teaching Hospital. The MRI results were reviewed and of those referred to orthopaedics, a review of the clinic letter took place to assess the outcome.
Results: 117/390 patients referred to our orthopaedic unit following their MRI scan.
89/117 patients were >40 years. 20/89 of these patients had protocol compliant radiographs.
59/89 (66%) MRI scans were normal or showed osteoarthritis.
117 clinic letters were reviewed by the 2 senior authors. In 51/117 cases an MRI scan was deemed appropriate.
Conclusion: Our study shows that MRI scans are used as a diagnostic tool. Over 50% of MRI scans are thought to be performed inappropriately (66/117). This has financial implications.

Posters: Paediatric Surgery

0176: VENOUS THROMBOEMBOLISM PROPHYLAXIS IN CHILDREN: THE SLOW WHEELS OF CHANGE

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Aim: Venous thromboembolism (VTE) in children is a rare but potentially catastrophic occurrence. Prevalence is 5.3 per 10,000 hospital admissions and increasing with rising childhood obesity. We evaluated the number of children at risk of VTE admitted to a paediatric surgery centre and audited compliance with VTE prophylaxis guidelines.
Methods: A prospective audit was undertaken (January–March 2014) with data gathered from notes and patients, with a re-audit (November 2014). Audit standards were set using British Committee for Standards in Haematology and local guidelines. Inclusion criteria were minimum overnight surgical admission and weight over 40 kg.
Results: 36 patients were identified initially. 61% ($n = 22$) had two or more risk factors for VTE. 100% required formal VTE risk assessment, 44% ($n = 16$) had evidence of assessment and 42% ($n = 15$) were prescribed VTE prophylaxis. Following intervention only 33% were assessed for prophylaxis.
Conclusion: As paediatric VTE is uncommon, prophylaxis consideration is often neglected. Less than half of at risk patients had their need assessed. Although initial data was presented, change failed to occur possibly due to staff changeover and time required to update guidelines and theatre checklists. This highlights the need for thorough departmental induction and more efficient protocol changes to improve patient safety.

0195: STREPTOCOCCUS MILLERI AND POST-APPENDICECTOMY ABSCESS

J. Lee*, D. Banerjee, R. England. *Norfolk and Norwich University Hospital, UK*

Aim: The importance of Streptococcus milleri with regard to abscess formation after appendicectomy in children remains unclear.
Methods: A retrospective data collection was performed using the hospital ICE system. All patients who underwent appendicectomy for appendicitis between November 2009 and October 2014 were identified. Patients less than 1 year, incidental and interval appendicectomy were excluded. Patient age, histology, swab results, ultrasound scan reports, hospital length of stay (HLOS) and readmission details were collected. Data from cultured patients were classified into three groups: Streptococcus milleri positive (SM); other organisms; and negative culture. Statistical comparisons were performed using Chi-square test and Z-score.
Results: A total of 444 patients were identified, from which 157 had a pus culture sent. SM patients (23%) were more likely to develop an abscess compared to other organisms (16.9%) ($rr = 1.36$, $p < 0.05$) and to develop advanced appendicitis, 73% SM group compared to 55% in other organisms. ($rr = 1.32$, $p < 0.01$). There was a longer HLOS stay of 6.9 days in SM patients vs 5.4 days in other species ($p < 0.05$).
Conclusion: Streptococcus milleri was associated with an increased risk of advanced appendicitis, abscess formation and prolonged hospital stay, after appendicectomy compared to other organisms.

0200: OUTCOMES OF LAPAROSCOPIC VERSUS OPEN PYELOPLASTY IN CHILDREN

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Aim: Pelviureteric junction obstruction (PUJO) is the leading cause of antenatal hydronephrosis. Although its persistence into childhood may cause no problems, symptomatic disease presents as intermittent loin pain, vomiting and recurrent urinary tract infections. Primary prevention of disease encourages early intervention for PUJO to limit any decline in renal function. Over time, minimally invasive procedures have been encouraged and laparoscopic pyeloplasty has emerged in paediatric urology. Previously a thorough analysis of the success of laparoscopic pyeloplasty at Royal Manchester Children's Hospital had not been completed. An audit was therefore conducted to assess the complication rate of laparoscopic pyeloplasty and whether any predisposing factors to complications could be identified.
Methods: All consecutive patients aged 5 and above who underwent laparoscopic or open pyeloplasty during the period January 2006 to July 2013 were included. Patient demographics and operative details were recorded and analysed.
Results: Laparoscopic patients encountered a higher rate of post operative anastomotic leakage and long term persistent obstruction. Both approaches offered similar success rates of 92%. Laparoscopic pyeloplasty offered no definitive advantage over the traditional open approach.
Conclusion: Advances in training schemes, scrutiny of operative approach and thorough analysis of previozsus surgical errors will undoubtedly improve paediatric pyeloplasty outcomes.

0211: IS LAPAROSCOPIC CHOLECYSTECTOMY SAFE IN THE HANDS OF THE PAEDIATRIC SURGEON?

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Aim: One of the current controversies surrounding non-specialist paediatric surgery is whether paediatric laparoscopic cholecystectomy should be performed by an adult or a paediatric surgeon. The safety of this procedure performed by paediatric surgeons could be brought into question as the published data is often extrapolated from adult series.